



**OFFICE OF PROFESSIONAL LICENSING
BOARD OF CHIROPRACTIC EXAMINERS
121 South Fruit Street, Suite 303, CONCORD, NH 03301-6504**

APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC

Application Type: / / New / / Licensure by Endorsement _____

IDENTIFYING INFORMATION OF APPLICANT:

**Affix
Recent Photograph
of the Applicant**

(a) Full Name: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: () _____ - _____

e-mail address: _____

(b) Social Security Number: _____ - _____ - _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Please note: The NH Board of Chiropractic Examiners will deny licensure if you do not submit your social security number (**SSN**). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your social security number for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your social security number is mandatory.
 Birth Date (MM/DD/YYYY) _____

PERSONAL HISTORY:

(c) Please list your physical addresses for the past five years:

- | | |
|---|---|
| <p>1. _____

 _____</p> | <p>2. _____

 _____</p> |
| <p>3. _____

 _____</p> | <p>4. _____

 _____</p> |

- (d) Do you have any physical, mental or other condition or disability affecting your ability to practice chiropractic? / / YES / / NO
- (e) Do you have any physical, mental or other condition or disability for which continuing remedial or therapeutic action is required to ensure your continuing ability to practice chiropractic? / / YES / / NO
- (f) Do you use alcohol or controlled or non-controlled drugs in a manner affecting your ability to practice chiropractic? / / YES / / NO
- (g) Have you ever been convicted of a felony or misdemeanor? / / YES / / NO

(h) Applicants that respond affirmatively to (d), (e), (f) or (g) must provide a summary statement explaining the answer and specifying as applicable:

- (1) The physical, mental or other condition or disability;
- (2) The remedial or therapeutic action;
- (3) The use of alcohol or controlled or non-controlled drugs; and
- (4) The charges of which the applicant was convicted, the conviction date, and the sentence imposed or other disposition.

EDUCATION BACKGROUND:

(i) Please list each post secondary institution you attended, regardless of degrees earned. Official transcripts from each post secondary institution attended must be **sent directly** from the respective institution.

Name: _____ Name: _____

Address: _____ Address: _____

Dates Attended: _____ Dates Attended: _____

Degree Awarded: _____ Degree Awarded: _____

(Please attach a separate page to list additional post secondary institutions attended)

(j) Chiropractic College Attended: _____

Address: _____

Dates Attended: _____ Graduation Date: _____ Degree Awarded: _____

LICENSING HISTORY:

(k) Do you currently hold, or have you previously held, any professional license/certification, or registration to practice any method of healing, other than chiropractic? / YES / NO

(l) Type of License(s) Held: _____

Jurisdiction(s)/State(s) of License(s) Held: _____

(m) Do you currently hold, or have you previously held, any license to practice chiropractic? / YES / NO

Please attach photocopies of current licenses or certifications to practice chiropractic

(n) Jurisdiction(s)/State(s) License(s) is Held: _____

License Date(s): _____ License Number(s): _____

If applicable, state the reason you no longer hold the license(s): _____

(o) Have you ever been refused a license to practice chiropractic or any other professional license, certification or registration by any licensing body? / YES / NO

(p) If so, list the name/address of the licensing body: _____

Date of Refusal: _____ Reason for Refusal: _____

- (q) Have you had any disciplinary action taken against your chiropractic license or any other professional license, certification or registration by any other licensing jurisdiction? / /YES / /NO
- (r) In the past ten years, have there been, or are there now, complaints pending or investigations being conducted against you for any professional license, certification or registration you have held, or currently hold?/ /YES / /NO
- (s) To the best of your knowledge, are there any currently pending, malpractice claims, settlements or judgments rendered or resolved against you? / /YES / /NO
- (t) In the past ten years, have you had any malpractice claims that have been settled or resolved, or any malpractice judgments issued, against you? / /YES / /NO
- (u) All affirmative answers to questions (q), (r), (s) or (t) must be accompanied by a detailed written explanation of the circumstances.**

ACKNOWLEDGMENTS AND SIGNATURE:

I herewith apply for a license to practice chiropractic in accordance with RSA 316-A and the rules of the New Hampshire Board of Chiropractic Examiners. I am the applicant identified in the application and the submitted photograph is a true likeness of me. I will notify the Board in writing within 30 days of any change in the information provided in the application, even after the application has been granted and a license issued. I consent to the Board's use for all purposes of the mailing and electronic addresses provided to the Board in the application or thereafter. The information provided on the application form and the documentation provided to support the application are, to the best of my knowledge and belief, true, accurate, complete and unaltered. I acknowledge that, pursuant to RSA 641:3, knowingly making a false statement on the application form is punishable as a misdemeanor, and, should I knowingly provide the Board with any false, inaccurate, incomplete or altered information or documentation, the Board has the authority to deny the application or, after a hearing, to take disciplinary action against any license issued to me.

Applicant's Signature: _____

Date application is signed: _____

NOTE: PART Ch 305 LICENSURE BY ENDORSEMENT

Ch 305.01 Qualifications for Licensure by Endorsement. An applicant shall be qualified for licensure by endorsement if the applicant:

- (d) Has already taken and passed the following parts of the NBCE examinations:
 - (1) Part I;
 - (2) Part II;
 - (3) Part III if the applicant was licensed after January 1, 1990; and
 - (4) Part IV if the applicant was licensed after January 1, 1996.

OFFICE USE ONLY:

Application Received: _____ JP Exam Date: _____ JP Score: _____

Action Taken: _____ License No.: _____ Issued: _____

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above